

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/15/03.

I. DISPUTE

Whether there should be reimbursement for work hardening 97545-WH and 97546-WH from 1/13/03 through 1/21/03 and 1/30/03 through 2/11/03 and a Functional Capacity Evaluation - 97750-FC, dated 2/13/03.

II. RATIONALE

The requestor submitted preauthorization letters approving work hardening from 1/27/03 through 2/27/02 for ten visits and the requestor received an additional 10 visits preauthorization verifying all services in dispute were preauthorized prior to delivery of service.

Per the EOB's furnished by the requestor and respondent only the 1/30/03 was denied for lack of preauthorization. As the documentation submitted supports delivery of service as billed and preauthorization for this date of service, reimbursement for the service of 1/30/03 is recommended.

Only the dates of service 1/30/03, 1/31/03, 2/5/03, 2/6/03, 1/24/03, 1/29/03, 1/30/03 and 1/30/03 had accompanying EOBs. All services were denied as per "F" - the Medical Fee Guideline with the 1/30/03 service also being denied as not preauthorized. As preauthorization of the services has been established, all disputed services will be reviewed per the 1996 Medical Fee Guideline.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1/13/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	MFG/MGR (II)(C)	The documentation submitted by the requestor supports delivery of service as billed. A 20% discount is taken for a non-CARF accredited program. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
1/14/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$339.20	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$271.36 is recommended.
1/15/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
1/16/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$256.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$204.80 is recommended.
1/17/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.

	97546-WH	\$320.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$256.00 is recommended.
1/20/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
1/21/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended..
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
1/30/03	97546-WH	\$384.00	0.00	F, A	\$64.00 per hour	Rule 134.600 (b)(1) (h)(3) MFG/MGR (II)(C)	The documentation submitted by the requestor supports preauthorization and delivery of service as billed. A 20% discount is taken for a non-CARF accredited program. Reimbursement of \$307.20 is recommended.
1/31/03	97545-WH	\$128.00	0.00	F	\$64.00 per hour	MFG/MGR (II)(C)	The documentation submitted by the requestor supports delivery of service as billed. A 20% discount is taken for a non-CARF accredited program. Reimbursement of \$102.40 is recommended.
	97546-WH	\$320.00	0.00	F	\$64.00 per hour	See above.	See above. Reimbursement of \$256.00 is recommended.
2/5/03	97545-WH	\$128.00	0.00	F	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	F	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
2/6/03	97545-WH	\$128.00	0.00	F	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	F	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
2/10/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
2/11/03	97545-WH	\$128.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$102.40 is recommended.
	97546-WH	\$384.00	0.00	No EOB	\$64.00 per hour	See above.	See above. Reimbursement of \$307.20 is recommended.
2/13/03	97750-FC	\$225.00	0.00	No EOB	\$200.00	MFG MGR (I)(E)(2)(a)	The interim and/or discharge test are limited to two hours (\$200.00) The 2/13/03 FCE Report verifies delivery of service of 2 ¼ hours. Reimbursement of \$200.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$5,181.76.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97545-WH, 97546-WH and 97750-FC in the amount of **\$5,186.76**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$5,186.76** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-03-8609-01

The above Findings, Decision and Order are hereby issued this 7th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb